Bureau of Health Care Quality and Compliance

	TEMENT OF DEFICIENCIES OF PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI. IDENTIFICATION NUMBER			, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		NIVO5244 DO A		A. BUILDING B. WING		201	10/0044		
NAME OF PR	OVIDER OR SUPPLIER	NVS5311PCA	STREET ADD	TREET ADDRESS, CITY, STATE, ZIP CODE					
	SS PERSONAL CARE L	LC	5000 W OA	OAKEY STE E-1 GAS, NV 89146					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE		
P 000	P 000 Initial Comments			P 000					
	by the Health Division prohibiting any crimin actions or other claim	nclusions of any investign shall not be construed all or civil investigations as for relief that may be under applicable feder	l as s,						
	This Statement of Deficiencies was generated as a result of the Focused State Relicensure survey conducted in your agency on 2/22/11 - 3/16/11. The Focused State Relicensure survey was conducted at your agency by authority of Chapter 449, Personal Care Agencies. The patient census was 204 Ten client records were reviewed. One client home visit was conducted. Five client telephone interviews were conducted. Thirteen employee files were reviewed.		ırvey 11.						
			cted.						
	The following regulation identified:	ory deficiencies were							
P 020	Section 12 Criminal E	Background		P 020					
	forth in NAC 449.011 to operate an agency Repository for Nevad History two complete submission to the Fe for its report. 2. The Central Repose Criminal History shall whether the applicant crime listed in paragr NRS 449.188 and imadministrator of the agency Research and the statement of the sta	t has been convicted of aph (a) of subsection 1	cense intral gation ds of a of						

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

	OF DEFICIENCIES F CORRECTION	(XI) I NOVIDEIVOOI I EIEIVOEIX		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		NVS5311PCA		B. WING		03/	16/2011		
NAME OF PR	OVIDER OR SUPPLIER	NVCCCTTT CX	STREET ADD	I RESS, CITY, STA	TE, ZIP CODE		10/2011		
HIGH CLA	SS PERSONAL CARE L	LC		OAKEY STE E-1 GAS, NV 89146					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE		
P 020	Continued From page 1			P 020					
	Continued From page 1 convicted of such a crime. This STANDARD is not met as evidenced by: Review of employee records revealed that 3 of 13 records did not contain a copy of the fingerprints submitted for background checks. (Employee #1, #12 and #13)								
	Severity: 2 Scope: 2								
P 080	Section 14.1(4) Administrator Responsibility Abuse/Neglect			P 080					
	that: (a) The clients of the neglected or exploited another member of the any person who is visuattendant or another agency is present; and (b) Suspected cases	ne staff of the agency, on siting the client when an member of the staff of t d of abuse, neglect or t are reported in the ma	or by I he						
	Based on staff intervior Occurrence Reports (documents and review client records reviewed failed to document the abuse to the proper a	not met as evidenced bew concerning Serious (SOR), review of those w of client records, 2 o ed revealed the agency e occurrences and reputhorities in accordance in the NRS 200.5093 and 10)	f 10 ort e						
	A random review of S	ORs filed with Medicai	d						

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER			(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		NVS5311PCA		B. WING 03/16/201			3/2011
NAME OF PR	OVIDER OR SUPPLIER	, Nessan ex	STREET ADD	I RESS, CITY, STA	ATE, ZIP CODE	1 00/10	72011
HIGH CLA	SS PERSONAL CARE L	LC		KEY STE E-1 S, NV 89146			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDER OF THE APPROPRIES OF THE PROPRIES	JLD BE	(X5) COMPLETE DATE
P 080	Continued From page 2			P 080			
	revealed two reports of physical abuse. Clients # 9 and 10 were allegedly abused by their parent. In an interview with Employee #2, she stated, "The SORs were based on a verbal report to Employee # 6 on 6/18/10 in a phone call by the assigned caregiver, Employee #10, as the witness of abuse. Client # 9, a 15 year old female, diagnosed with autism and mental retardation. At the time of the incident she was living with her sibling, Client #10, in a home with their mother. Clients #9 and #10 were provided care by Employee #10.						
	An SOR report of physical abuse by a family member was sent to Medicaid on 6/25/10. It stated that a report had been made to Child Protective Services (CPS). The reference number #1498424 was documented. The date that it was reported was not given. The file date obtained from CPS by this surveyor was 6/22/10. The client's file was reviewed. The file contained no evidence of the reported abuse, an incident report or documentation of follow up as required by the agency's policy.		te date				
			ent				
	The home visit docume contained no reported						
	Client #10, an 18 year old male with a diagnosis of autism and mental retardation.		osis				
	of autism and mental retardation. An SOR report alleging physical abuse by a family member was sent to Medicaid on 6/25/10. It stated that a report had been made to CPS. The file number referenced on the report was the same as documented for Client # 9. No file date was given.		S. s the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		NVS5311PCA		B. WING		03	/16/2011
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	,	
HIGH CLA	SS PERSONAL CARE L	LC		KEY STE E-1 S, NV 89146			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
P 080	Continued From page 3			P 080			
	for client # 9 only. Cli the report as a victim years old at the time. #1, 2 and 6 confirmed reported to Adult Prot The record contained the follow up as requi Evidence of two letter Employee #10 was fo letters were signed, b translation provided b surveyor's request, w translation of the lette facility surveyor interp caregiver had witness of Client #9 and 10, b two months. The lette	had been filed on 6/22/ fent #10 was not included because he was eighted. Interviews with Employ It that the incident was rective Services. In evidence of the SO ared per the policy. It was written in Spanish by a und in Client #10 file. It not dated. The English, by a head oreter, revealed that the sed ongoing physical at y their mother, for at lever stated, "These childry day because the mother.	ed in een vees not The lish cuse ast en				
	The letters written by Employee # 10, the PCA, revealed that she told Employee #2, the administrative designee, that she was concerned that she would lose her job if she tried to intervene during the witnessed abuse. No date of this communication was in the document. The caregiver was unavailable for interview.		rned ate of				
	10:15 am with Employ report of abuse that E called in to the agenc letter in the client's file her request. She stat	terview on on 3/3/11 at yee #2 she stated that the imployee #10 made way y on 6/18/10 and that the was written on 6/21/1 and that she was unawa eiving the verbal report	the is the 0 at are of				

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE			(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		NVS5311PCA		B. WING		03/16/2011		
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDI	RESS, CITY, STA	ATE, ZIP CODE	1 00/11	0.20	
HIGH CLA	SS PERSONAL CARE L	LC		DAKEY STE E-1 GAS, NV 89146				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
P 080	Continued From page 4			P 080				
	Employee #6 on 6/18/10.							
	Based on review of reports, policy and procedure review and staff interviews from 2/23/11 to 3/14/11, the agency failed to follow their policy for documentation and mandatory reporting. This would have ensured that any suspected incidents of abuse, neglect or exploitation involving the clients of the agency would be reported to the administrator and the proper authorities for 2 of 10 Clients. 1. The policy defines abuse, neglect or fraud as a "Major Incident". The policy and procedure states, "When an event occurs, an Incident Report is completed by personnel aware of the occurrence. If the occurrence involves a client, chart precisely the necessary information on the client's record." The procedure includes a method for forwarding the report to the manager for review, countersignature and follow-up. The information in the reports is to be used to track "patterns over time" for improvements in care and prevention of recurrence. All Incident Reports will be filed by the month. The file will contain the original Incident Report, follow-up report and the interventions taken to prevent a recurrence." On request, The agency failed to produce a document, per the policy, to be used for Incident Reports or any evidence that tracking and follow-up methods have been employed.							
	Severity: 2 Scope							
P 230	Section 16.1(a-i) Pers	sonnel File		P 230				
	Sec. 16. 1. A separate kept for each attenda must include, without		e 					

Dui Cau 0	i Health Care Quality a	ina Compilance					
		(X1) PROVIDER/SUPPLIER/O		(X2) MULTIF A. BUILDING B. WING		(X3) DATE SI COMPLE	
		NVS5311PCA		B. WING		03/	16/2011
NAME OF PF	ROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	ATE, ZIP CODE	•	
HIGH CLA	SS PERSONAL CARE L	LC		KEY STE E-1 5, NV 89146			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
P 230	the attendant; (b) The date on which working for the agency (c) Documentation that tests or obtained the by NAC 441A.375; (d) Evidence that the attendant were check (e) Evidence of comp the administrator of the person licensed to oprespect to the attendat (f) Proof that, within 6 began working for the attendant obtained a cardiopulmonary resultant and the attendant of performance evaluation of a	is and telephone number the attendant began by; at the attendant has had certificates required references supplied by the agency; liance with NRS 449.11 are agency or the erate the agency with ant; amonths after the attendant; amonths after the attendant of a scitation issued by the ed Cross or an equivalency the Health Division; andant is at least 18 years on by the attendant of a bility insurance state law if the attendant	d the the 79 by dant ars of at and y: the ees.	P 230			
	the required by NAC employees reviewed						

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE			(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		NVS5311PCA B. WING 03/16/20		6/2011			
NAME OF PR	ROVIDER OR SUPPLIER	NVOSOTII OA	STREET ADDI	I RESS, CITY, STA	ATE, ZIP CODE	03/10	0/2011
	SS PERSONAL CARE L	rc	5000 W OA	KEY STE E-1 S, NV 89146			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
P 230	Continued From page 6			P 230			
	Employee #2 The file contained no evidence of a two step Tuberculin skin test or two consecutive annual skin tests.						
	Employees #4 The file contained documented late annual tests more than 12 months apart.						
	Employee #5 The file contained evidence of a positive Tuberculin skin test. The file contained no evidence of an X-ray to rule out active Tuberculosis or follow-up treatment by a physician.						
	Employee #9 The file contained a positive PPD skin test and an x- ray that ruled out active Tuberculosis. The file contained no evidence of two consecutive annual reviews of symptoms of active Tuberculosis.		e of				
	2. Seven of thirteen records reviewed contain no evidence of an physical examination, signed by a physician, stating the employee is in a state of good health, free from active Tuberculosis and any communicable diseases in a contagious stage. (Employee #5, 6 and 8)		by a of nd				
	3. Four of thirteen records reviewed revealed no evidence of a physical examination, signed by a physician, stating the employee is in a state of good health, free from active Tuberculosis and any communicable diseases in a contagious stage, done within six months prior to the date of hire. (Employees#3, 5, 6 and 8)		oy a of nd				
		employee files reviewe the references supplied en checked.					
	5. Three of thirteen er	mployees reviewed lack	ked				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		NVS5311PCA		B. WING		03/16	6/2011
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	TE, ZIP CODE	•	
HIGH CLA	SS PERSONAL CARE LI	LC	5000 W OAF LAS VEGAS	KEY STE E-1 5, NV 89146			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
P 230	Continued From page	e 7		P 230			
	evidence of copies of fingerprints in their files. Employees#1, 12, and 13.						
	6. The agency's policy and procedure regarding employee performance evaluation states, "Employee evaluations are to be provided at a minimum of once per year." An interview with the administrator on 2/24/11 in the AM confirmed that the date of hire is used to set the date for the annual review. Review of employee records revealed no evidence of performance evaluations by the anniversary date of hire. (Employees #1, 2, 6, 9 and 13)						
	•	pe: 3					
P 270	Section 17.1 Supervis	sory Visits		P 270			
	Sec. 17. 1. The administrator of an agency or his designee shall conduct supervisory home visits or telephone calls to the home of each client of the agency to ensure that quality personal care services are provided to the client. This STANDARD is not met as evidenced by: Based on record review, the agency failed to maintain evidence of supervisory home visits or telephone calls to the home of clients to ensure that quality personal care services are provided for 8 of 10 client records reviewed. (Client #1, 2, 3, 4, 5, 6, 7 and 10)		f ity				
			o s or ure ded				
	Severity: 2 Scope:	3					
P 280	Section 17/1(2) Document	mentation of Supervision	on	P 280			
	2. Each supervisory v	isit and each telephone	e call				

NVS5311PCA NAME OF PROVIDER OR SUPPLIER HIGH CLASS PERSONAL CARE LLC NVS5311PCA STREET ADDRESS, CITY, STATE, ZIP CODE 5000 W OAKEY STE E-1 LAS VECAS NV 50446	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
HIGH CLASS PERSONAL CAPELL C 5000 W OAKEY STE E-1			NVS5311PCA		B. WING		03/16	3/2011
HIGH CLASS DEDSONAL CADELLC	NAME OF PE	ROVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, STA	ATE, ZIP CODE		
LAS VEGAS, NV 89146	HIGH CLA	ASS PERSONAL CARE L	LC					
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	(X5) COMPLETE DATE
must be documented. The documentation must be dated and signed by the administrator or his designee. Each supervisory visit and each telephone call must consist of an evaluation of whether: (a) Appropriate and safe techniques have been used in the provision of personal care services to the client; (b) The service plan established for the client has been followed; (c) The service plan established for the client is meeting the personal care needs of the client; (d) The attendant providing personal care services to the client has received sufficient training relating to the personal care services that the attendant is providing to the client, and (e) It is necessary for the administrator or his designee to follow up with the attendant or client concerning any problems in the personal care services being provided to the client or the service plan established for the client that are identified as the result of the supervisory visit or telephone call. This STANDARD is not met as evidenced by: Based on review of records, policies and procedures and agency supervisory documentation, the agency failed to comply with the content requirements for supervisory home visits for ten of ten clients reviewed. 1. No evidence of the required contents of the supervisory review were found in any of the agency's documentation. Severity: 2 Scope: 3	P 280	must be documented documentation must administrator or his disupervisory visit and consist of an evaluati (a) Appropriate and sused in the provision services to the client; (b) The service plane been followed; (c) The service plane meeting the personal client; (d) The attendant proservices to the client training relating to the the attendant is provide) It is necessary for designee to follow up client concerning any care services being poservice planestablish identified as the result telephone call. This STANDARD is a Based on review of reprocedures and agendocumentation, the authorized the content requirement visits for ten of ten client.	each telephone call much on of whether: afe techniques have be of personal care established for the client established for the client care needs of the viding personal care has received sufficient expersonal care serviceding to the client; and the administrator or his with the attendant or problems in the person rovided to the client that are tof the supervisory visualty and the supervisory dended to comply ents for supervisory horents reviewed.	y the ust een ut has ut is s that s nal the re it or	P 280			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED				
		NVS5311PCA		03/16/2011					
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	TE, ZIP CODE				
HIGH CLA	SS PERSONAL CARE L	LC		5000 W OAKEY STE E-1 LAS VEGAS, NV 89146					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
P 290	Continued From page	9		P 290					
P 290	Section 18 Attendant Qualifications			P 290					
	Sec. 18. Each attendant of an agency must: 1. Be at least 18 years of age; 2. Be responsible and mature and have the personal qualities which will enable him to understand the problems of elderly persons and persons with disabilities; 3. Understand the provisions of this chapter and chapter 449 of NRS; 4. Demonstrate the ability to read, write, speak and communicate effectively with the clients of the agency; 5. Demonstrate the ability to meet the needs of the clients of the agency; and 6. Receive annually not less than 8 hours of training related to providing for the needs of the clients of the agency. This STANDARD is not met as evidenced by: Based on record review and interviews on 2/25/11 and 3/10/11, with Employee #1 and 2, the agency failed to ensure that their employees were able to demonstrate the ability to read, write, speak and communicate effectively with the clients of the agency for 1 of 13 employee files reviewed. (Employee # 10) 1. Review of a report found in Client #10 file, written by employee #10, revealed it was written in Spanish. No English translation was included with the report. Employee #2 stated that Employee #10 wrote the report in Spanish because Spanish is her native language and she		and ak						
			2, the were es						
	cannot communicate Employee #2 also sta hire attendants that a and trains them using	adequately in English. Ited that the agency do The Spanish speaking or The documentation in English the spanish the spanish to Spanish the	es nly lish.						

	EMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NUM			(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		DN IDENTIFICATION NUMI NVS5311PCA		B. WING		03/1	6/2011
NAME OF PR	ROVIDER OR SUPPLIER	I I I I I I I I I I I I I I I I I I I	STREET ADD	I RESS, CITY, STA	TE. ZIP CODE	03/1	0/2011
	SS PERSONAL CARE L	LC	5000 W OA	N OAKEY STE E-1 EGAS, NV 89146			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
P 290	Continued From page	e 10		P 290			
	information and compemployees. Review of employee f documentation, training revealed no evidence any agency required interview with the adnagency has no documents of translation and serious spanish translation and compensation	files, new hire ng, policies and proced of a Spanish translation documentation. An ministrator confirmed th nentation available in a nd that all documents s and verbally translated	on of at the				
P 300	Section 19.1(a) Know	rledge of Code		P 300			
	Sec. 19. 1. Each attendant of an agency shall: (a) Obtain a working knowledge of the provisions of this chapter which govern the licensing of agencies before providing personal care services to the clients of the agency. The agency must provide a copy of those provisions to an attendant before the attendant may provide personal care services to the clients of the agency. This STANDARD is not met as evidenced by: Based on record review on 2/23/11 the agency failed to ensure the 13 of 13 employee files contained documentation that the employee understood the provisions of NRS 449.0021 and NRS 449 that apply to personal care attendants.		sions nal ne ons				
			and				
	Severity: 2 Scope	e: 3					
P 430	Section 20.1(2) Disclo	osure Statement		P 430			

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBE			(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		NVS5311PCA		B. WING		03/10	6/2011		
NAME OF PE	OVIDER OR SUPPLIER		STREET ADDRE	REET ADDRESS, CITY, STATE, ZIP CODE					
HIGH CLA	SS PERSONAL CARE L	LC	5000 W OAK LAS VEGAS,						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE		
P 430	a description of and in concerning the person the agency, including (a) A statement which the client indicating the the scope of the licen the medical and healt should the conditions unpredictable; (b) The qualifications for the attendants who care services to the concerning to the control of the control of the charges for the provided by the agency (d) A description of bisystems, due dates for services and the policincreases in the costs provided by the agency (e) The criteria, circur which may result in the personal care service policy for notifying cliepersonal care service (f) Procedures for control of the agency or his deshours in which person provided and the on-concerning the grievance provided and the grie	ure statement must inclusion formation all care services offere, without limitation: It is easily understandable at it is not within see of the agency to make the conditions of clients become unstable or and training requirements of the agency; the personal care services by for notifying clients of the personal care services by for notifying clients of the offers of personal care services by the agency and the ents of such termination of the state of the administrate of the agency and the ents of such termination is; that acting the administrate in the policy of the agency and the ents of such termination is; that acting the administrate in the policy of the agency and the real policy of the agency are the policy are the poli	lude ad by ble to nage Ints es te frees en of or of or of ts the the ts to nts.	P 430					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
	NVS5311PCA			B. WING		03/16/2011			
			STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	1 00/1	0/2011		
				VOAKEY STE E-1 EGAS, NV 89146					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	TION SHOULD BE COMPLETE THE APPROPRIATE DATE			
P 430	Continued From page	e 12		P 430					
	evidence of the following: 1. (a) A statement which is easily understandable to the client indicating that it is not within the scope of the license of the agency to manage the medical and health conditions of clients should the conditions become unstable or unpredictable; (b) The training requirements for the attendants who provide personal care services to the clients of the agency; (c) The charges for the personal care services provided by the agency and (d) A description of billing methods, payment systems, due dates for bills for personal care services and the policy for notifying clients of increases in the costs of personal care services provided by the agency.								
	Based on record review, policy review and interview with Employee #1 on 2/24/11 the agency failed to follow their policy to provide a copy of the disclosure documents in Spanish for client's that communicate only in that language. 1. Review of the documents given to a new client revealed a policy that states, "If Spanish speaking, we will provide a Spanish packet for your records but will have you sign this packet." In an interview with Employee # 1 she stated that the agency did not have a a copy of the documents in Spanish. Severity: 2 Scope: 3								
P 480	Section 21.1(5) Writte Requirements 5. The written descrip	en Client Rights	nts	P 480					
	developed pursuant to subsection 4 must								

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
NVS5311PCA				B. WING	-	03/16/2011
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STA	ATE, ZIP CODE	
HIGH CLASS PERSONAL CARE LLC			5000 W OAK LAS VEGAS	(EY STE E-1 , NV 89146		
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC [®] REGULATORY OR L		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
P 480	Continued From page 13			P 480		
	include, without limitation, a statement that each client has the right: (a) To receive considerate and respectful care that recognizes the inherent worth and dignity of each client; (b) To participate in the development of the service plan established for the client and to receive an explanation of the personal care services provided pursuant to the service plan and a copy of the service plan; (c) To receive the telephone number of the Bureau which may be contacted for complaints; (d) To receive notification of any authority of the Health Division to examine the records of the client as related to the regulation and evaluation of the agency by the Health Division; (e) To receive from the agency, within the limits set by the service plan established for the client and within the program criteria, responses to reasonable requests for assistance; and (f) To receive information, upon request, concerning the policies and procedures of the agency, including, without limitation, the policies and procedures of the agency relating to charges, reimbursements and determinations concerning service plans.		an Ints; the Ion; inits ses e cies			
	This STANDARD is not met as evidenced by: Based on record review the agency failed to provide all the required points of information in the written description of rights for 10 of 10 clients. 1. Review of 10 client files revealed the following pieces missing from the required list of client rights: (a) To receive considerate and respectful care that recognizes the inherent worth and					

		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
NVS5311PCA		NVS5311PCA		B. WING		03/16/2011	
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, STA	TE, ZIP CODE		
HIGH CLA	SS PERSONAL CARE LI	_C	5000 W OAKE LAS VEGAS,				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDERICENCY)	D BE	(X5) COMPLETE DATE
P 480	dignity of each client; (c) To receive the telephone number of the Bureau which may be contacted for complaints; (d) To receive notification of any authority of the Health Division to examine the records of the client as related to the regulation and evaluation of the agency by the Health Division; (f) To receive information, upon request, concerning the policies and procedures of the agency, including, without limitation, the policies and procedures of the agency relating to charges, reimbursements and determinations concerning service plans. Severity: 2 Scope: 3			P 480			
P 490	Section 22.1(1-2) Initial Client Screening Sec. 22. 1. The administrator of an agency or his designee shall conduct an initial screening to evaluate each prospective client 's requests for personal care services and to develop a service plan for the client or to accept a service plan established for the client. 2. The initial screening and the development or acceptance of a service plan must be documented. The documentation must be dated and signed by the person who conducted the initial screening and developed or accepted the service plan. This STANDARD is not met as evidenced by: Based on record review and staff interview on 2/23/11, the agency failed to provide documentation that included the signature of the person who conducted the initial screening, and the signature of the person who developed or		r his t's cept a or ated cethe	P 490			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
	NVS5311PCA			B. WING		03/16/2011			
			STREET ADD	RESS. CITY. STA	TE. ZIP CODE	03/	10/2011		
HIGH CLASS PERSONAL CAPELLO			5000 W OA	ADDRESS, CITY, STATE, ZIP CODE / OAKEY STE E-1 EGAS, NV 89146					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	CTIVE ACTION SHOULD BE NCED TO THE APPROPRIATE			
P 490	Continued From page	e 15		P 490					
	 An interview with the administrator and the administrator's designee on 3/23/22 revealed that the same document is used for the initial screening and the service plan. The form used by the agency is referred to as "Patient Profile and Intake". Review of this document revealed no evidence of a signature of the person conducting the initial screening or the date that it was completed. An interview with the administrator and the administrator's designee on 3/23/22 also revealed that the Medicaid provided Service Plan is used to direct the client's care. Review of 10 client files revealed a lack of evidence that the Medicaid provided service plan had been reviewed or accepted by the administrator or the administrator's designee. Severity: 1 Scope: 3 								
P 500	Section 22.1(3) Prior to Initiation of Services 3. The agency shall complete the following tasks before providing the personal care services outlined in the service plan established for the client and as often as necessary if the service plan is revised: (a) Evaluate whether the agency has sufficient resources and the capability to satisfy the requests of the client and to provide the client with the personal care services described in the service plan; (b) Review the service plan with the client, including, without limitation, the schedule for the provision of personal care services to the client, the procedure to follow if an attendant fails to provide personal care services in accordance with the service plan, the hiring and training policies of the agency, the responsibilities		P 500						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
	NVS5311PCA			B. WING		03/16/2011			
			STREET ADDR	L RESS, CITY, STA	ATE, ZIP CODE		0/2011		
HIGH CLASS DEDSONAL CADELLO				W OAKEY STE E-1 VEGAS, NV 89146					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	TION SHOULD BE COMPLETE THE APPROPRIATE DATE			
P 500 C	Continued From page	: 16		P 500					
s p () a v v a a () r ti () p a c c c c c p s fill c c 2 3 c c p s	SS PERSONAL CARE LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)								